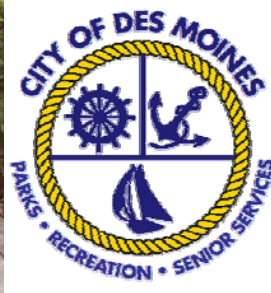


Summer Camp Program 2015

Camp KHAOS

Teaching the value of play since 1994.



206-870-6527

www.desmoineswa.gov



2015 Camp KHAOS/K2 Handbook

Parks, Recreation and Senior Services

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Important Phone Numbers:

Rick Scott, Recreation Coordinator: 206-870-6586

Field House Office: 206-870-6527

Field House FAX: 206-870-6587

Field House Office Hours

Mon-Fri: 8:00am-6:00pm

WELCOME

Thank you for choosing to enroll your child in the Des Moines Parks and Recreation Summer Day Camp Program. We are delighted to have the opportunity to serve you and your child. We provide school-age children with a safe environment and a wide range of recreational and learning experiences that encourage health and fitness, environmental stewardship, academic enrichment and life-long skills.

Our goal is to serve the needs of parents and guardians while addressing the special interests of each child. We do this by offering a quality Summer Day Camp program that includes fun physical activity through our K-FIT program and games, arts and crafts, nutritious snacks, science, environmental education and so much more! We promote positive social interactions and problem solving skills by supporting children in making friends and developing age-appropriate social skills.

As a parent or guardian, you play an important role in helping to ensure your child has a positive experience in our program. Please take the time to read the Summer Programs Handbook so you are aware of our policies and procedures. There is a tear-out page, along with a copy for you to keep, at the end of the Summer Programs Handbook. Please sign and return it acknowledging the receipt of the handbook and your understanding of the policies contained within. This handbook is yours to keep and access for future reference.

Important Summer 2015 Dates and Beyond:

June 22nd	First Day of Camp for Highline & Federal Way School District Students
July 18 th	Campers will have the opportunity to participate in the Waterland Parade along Marine View Drive
September 2 nd	Last Day of Camp for Highline & Federal Way School District Students

We look forward to seeing your child this summer and remember to register early for CLUB KHAOS Before and After School Programs held throughout the School Year at your child's school!

Groups	Grade
K	Pre K - Kindergarten
H	1 st & 2 nd Grades
A	3 rd & 4 th Grades
O	5 th & 6 th Grades
K2	7 th , 8 th & 9 th Grades

WEEKLY THEMES & FIELD TRIPS

Wk	Dates	Themes	Weekly Adventure
1	Jun 22-Jun 26	TAG, You're It!	KHAOS & K2 – TAG Zone – Attached Wavier due by June 22 K2 - Community Care*
2	Jun 29-Jul 3	Creepy, Crawly Freak Out	KHAOS & K2 – Reptile Man K2 - West Hylebos Wetlands Park
3	Jul 6-Jul 10	Jump, Jivin', Jellybeans	KHAOS & K2 – Trampoline Nation - Attached Wavier due by June 29 K2- UW Tour
4	Jul 13-Jul 17	Sports Storm Blowout	KHAOS & K2 – Seattle Storm Game K2- Safeco Field Tour
5	Jul 20-Jul 24	Sharks, Camels & Goats Oh MY!	KHAOS & K2 – Point Defiance Zoo K2 - Community Care*
6	Jul 27-Jul 31	Splish Splash Beach Bash	KHAOS & K2 – Dash Point State Park K2- Tacoma Rainiers
7	Aug 3-Aug 7	10 Pin Knockout	KHAOS & K2 – Hi-Line Lanes K2 - EMP
8	Aug 10-Aug 14	Weird Science	KHAOS & K2 –Science on Wheels K2 – Science Dome
9	Aug 17-Aug 21	Fun and Games	KHAOS & K2 – Family Fun Center K2 - Wild Waves
10	Aug 24-Aug 28	Backyard BBQ	KHAOS & K2 – Gene Coulon BBQ K2 - Community Care*
11	Aug 31-Sep 2 <i>Short week</i>	Let's Go to the Movies	KHAOS & K2 – Starplex Cinemas

***Community Care – Fun Community projects around the Des Moines area**

Swimming ALTERNATING WEEKS Schedule	
Group	Week
A, O & K2	Weeks 1, 3, 5, 7, 9
K, H	Weeks 2, 4, 6, 8, 10

CONTACT INFORMATION

Field House Address: 1000 S. 220th St, Des Moines, WA 98198
Field House Office: 206-870-6527
Field House FAX: 206-870-6587

Rick Scott, Recreation Coordinator

rscott@desmoineswa.gov

206-870-6586

PARTNERING WITH YOU

A great summer program requires a partnership between summer staff and parents. As a partner in your child's success in our program, you have free access at all times, to all areas of the camp used by your child. We invite you to become familiar with the staff and encourage you to visit. If you need to pick-up your child early from camp, or from a field trip destination, please make arrangements in advance with your child's camp leader.

Parent/Staff Communication

A schedule of activities or newsletter will be provided to you prior to the first day of each week to keep you informed of program plans and special events. Any problems your child may be experiencing at home may affect his/her behavior at camp. Please keep the camp staff informed so that we can be sensitive to your child's needs. Any information of a confidential nature will be shared only with those who need to know.

MISSION

To encourage and provide the diverse population of the Greater Des Moines area opportunities to experience life-enhancing activities through developed and well-maintained park land and facilities, professional programming and services, and the optimum utilization of community resources.

HOURS OF OPERATION

Children may arrive for camp as early as 6:30 am and be picked up as late as 6:00 pm. Please plan to arrive at camp no later than 9:00 am and stay until at least 4:00 pm in order to participate in scheduled offsite activities.

Do not leave your child at the program site unless a staff person is there to greet and supervise your child, and you have signed them on the sign in and out sheet.

Do not pick your child up without signing out on the sign in and out sheets first.

LATE PICK-UP POLICY

You will be charged \$1 for each minute after 6:00 pm that you are late to pick up your child. These additional fees are due in full prior to signing your child up for subsequent weeks of camps or programming. If you will be late, please contact a staff member via camp phone or call the Field House and ask that Camp Staff be paged with the information.

DAILY SIGN-IN/OUT PROCEDURES

- A sign in/out area will be available when you arrive at camp.
- You must sign your full name on the attendance roster when bringing children to camp and when picking them up. Please print your child's name legibly if not on the sign in sheet already.
- Your child will only be released to the parent/guardian or other authorized individual listed on the Participant Information Form with ID.
- If someone, who is not on the authorization form needs to pick up your child, you must inform the camp staff in writing (email or fax is acceptable). recreation@desmoineswa.gov or fax number is 206-870-6587.
- Identification may be checked daily. While we know it can be inconvenient to show your ID every day, we appreciate your support in assisting our staff with keeping your children safe.
- We will not release a child without proper authorization, including campers that walk to and from camp.
- For the safety of your child, we will not release your child to anyone who appears under the influence of drugs and/or alcohol, but will assist in making other arrangements for transportation home.
- If your child has not arrived by the start of the camp day, we will assume he/she will not be attending camp, and we will begin our day without him/her.
- Pick up your child on time each day. If an emergency arises and you are unable to reach the site before closing, call the staff to inform them of your progress and estimated arrival time.

Campers who are at least 12 years old and are in K2 may sign themselves in/out with permission from their parent or guardian via the appropriate form. Account must be paid in full for child to be allowed to sign themselves in and out. Children may not sign themselves in and out multiple times per day. The form to permit your child to sign in/out on their own is on Page 25.

SNACKS AND MEALS

A healthy morning snack, lunch, and afternoon snack will be provided at camp daily. Breakfast is not provided. If your child arrives at camp before 8:00 am you may send breakfast with your child to be eaten at camp. Lunch is provided daily. Please note the size of the lunch may not be adequate to meet your child's nutritional needs. If you choose to send a lunch, please send a nutritious one that does not need to be heated or chilled. Please avoid sending candy, gum or soda with your child to camp. **It is not possible for us to provide refrigeration or a microwave for lunches, so please do not send foods that may spoil.**

Always send your child to camp with a bottle of water each day labeled with their name.

LOST & FOUND

Clothing left at camp will be donated to a local shelter or an organization such as Goodwill at the end of each month.

WHAT TO BRING & WEAR TO CAMP

Dress your camper for running around and for any weather. Please send a jacket if it's chilly. We won't let a few raindrops or a little dirt, stop our summer fun! Wear tennis shoes for running, playing, and getting dirty. **No Sandals. No dresses or skirts may be worn except for religious/cultural reasons. Clothing should not be revealing: no halter tops, spaghetti straps, very short shorts, clothing that is distracting or has inappropriate images or slogans.** The dress code will be enforced by our summer staff, and campers wearing clothing deemed inappropriate will be asked to change. Children shed their clothing layers during the day, so please mark all of your children's clothes for easy identification. Watch the schedule of activities or newsletter for days you need to bring special items (i.e. swimming suit & towel).

WHAT NOT TO BRING TO CAMP

We ask that you keep these things at home:

- iPods/iPads
- Cell phones
- Nintendo DSi, PSP's, etc.
- Money, gum and candy
- Jewelry
- Trading cards
- Weapons of any kind
- Any electronics
- Any valuables, including personal sports equipment

Many of these items can be lost, broken or stolen while at camp. Each day a full schedule of activities is planned for your child and all supplies are provided. If these items accidentally show up at camp, the counselor will hold them for the camper and return them at the end of the day.

STAFF RATIOS

A staff to child ratio of 1: 12 is normally maintained for children ages 5 to 15, with a maximum 1: 15 ratio.

TRANSPORTATION & TRIPS

Transportation to and from the camp site is handled by the parent/guardian only. The Parks and Recreation Department employees will transport children to and from daily scheduled activities only.

The main entrance and participation fees for field trips will be paid by Des Moines Parks and Recreation and are included in the weekly camp price. On occasion, you will have the option of allowing your child to bring money with them to purchase items at our field trip locations, i.e. snacks, upgraded skates, etc. Additionally, upon initialing and signing the Participant Information Form, you have already given permission for the City of Des Moines Parks and Recreation Department to transport your child in the following vehicles: Department vehicles including vans and shuttles, public bus or yellow buses. Drivers of all Department vehicles are thoroughly screened and authorized by the City of Des Moines, based on experience and good driving records. Each driver must also have a Washington State driver's license and be currently certified in First Aid & CPR.

Transportation can be requested for youth participating in sports and sailing camps provided by the City of Des Moines Park and Recreation Department during camp hours. If the offsite camp ends after 5:45 pm transportation will not be provided back to the Field House; you will need to pick your child up from the offsite location.

K2 FIELD TRIPS

K2 Teen Camp is for grades 7th - 9th. In this program, participants are given more freedom on field trips than our elementary age day camp participants. On field trips, participants divide into groups of 2-4 teens and are required to stay with their group or buddy during the outing. Please note that participants choose their own groups on field trips. Please be sure to discuss with your child the importance of picking a group that will be committed to following K2 and field trip site rules. When arriving at a field trip (i.e. Wild Waves), participants are allowed to go off with their friends and meet back with K2 leaders at a specific meeting time and spot. Several meeting times are set within each field trip and roll is taken each time. The “free time” allowed before meeting back with the large group varies depending on the field trip, but is never longer than 2 hours.

If a participant does not arrive back on time to the meeting spot, he/she must stay with a counselor for the remainder of the day. If the participant is more than 10 minutes late to the meeting spot, he/she will not be able to go on the following field trip and must always be with a counselor on subsequent field trips. We suggest your child wear a wrist watch on field trip days. If a participant abandons his/her group, or if a group of participants leave a participant alone during a field trip, all of the participants involved will be unable to go on the following field trip and must remain with a counselor for the remainder of the day.

Any participant or parent/guardian who does not feel comfortable with this policy, or thinks that their child may not be ready for that much freedom on a field trip, may request that their child be with a K2 counselor at all times during field trips.

K2 Cell phone policy: Teens will be asked to keep their phones put away during the day to maximize their time participating in activities and interacting with campers. Only during time appointed by K2 Counselors will limited cell phone use be allowed. Should a K2 camper have difficulty complying with this rule, their phone will be taken away until the end of the day.

BOOSTER SEATS

Effective June 1, 2007: Children less than eight years old must be restrained in child restraint systems, unless the child is four feet nine inches or taller. A child who is eight years old or older, or four feet nine inches or taller, must be properly restrained either with the motor vehicle’s safety belt or an appropriately fitting child restraint system. Children under thirteen years old must be transported in rear seats where it is practical.

RCW 46.61.687 (b) A child who is eight years of age or older or four feet nine inches or taller shall be properly restrained with the motor vehicle's safety belt properly adjusted and fastened around the child's body or an appropriately fitting child restraint system.

If your child is under the age of 8 or less than 4’9” tall they are required to use an approved booster seat while traveling in City vehicles. Please bring a booster seat on designated days.

CUSTODY ISSUES

We realize that custody decisions and parenting plans are very important to both parents. **However, we are not a party to any custody orders and not in a position to enforce parenting plans.** If both parents are listed on the Participant Information Form (or if one parent is listed on the form but the parent has confirmed the identity of the other parent) both parents may pick up regardless of the custody agreement. Any disagreements must be addressed by the parents away from the site. Please make sure you have established clear expectations between the parties. We do honor Restraining Orders, Anti-Harassment orders, or other court orders created for the protection of the child. Please provide a copy to the Recreation Coordinator who will make the necessary camp staff aware of the situation.

PAYMENT, CREDIT & REFUND POLICY

Program payments must be paid **in full** to reserve your spot. All required paperwork (Participant Information Form, Policies for Summer Camp, and Payment Agreement) must be submitted at the time of registration. We accept Visa, MasterCard, Cash and Checks.

No refunds or pro-ration is available for summer camp payments. You may transfer your child to a different week of camp; refer to the Transfer Policy on page 11.

Camp Registration Fee \$25R/\$30NR per child, Required one-time fee good for one summer

Camp K.H.A.O.S. \$158R/\$163NR (\$10 Discount will be applied if registered and paid for one week in advance)

(Ages 4* to 11) **Potty trained 4 year olds only please.*

K.H.A.O.S. 2 (K2) \$174R/\$179NR (\$10 Discount will be applied if registered and paid for one week in advance)

(Ages 12 to 15)

Additional Child Discounts Available - \$30 off each additional child (ren)

Cannot be combined with awarded scholarships

One-Time Reg. Fee for All Participants		KHAOS	K2	<i>No additional child discount given on Daily Rate or Discounted Weekly Rates.</i>
Weeks 1-10*	Full weeks	\$158R \$163NR	\$174R \$179NR	
Week 11**	Mon – Wed	\$95R \$98NR	\$105R \$108NR	
Daily Rates		\$40R \$45NR	\$45R \$50NR	
Field Trip Daily Rate		\$50R \$55NR	\$55R \$60NR	
Labor Day Break Camp	Sept. 8 th	\$35R \$37NR	\$35R \$37NR	
*\$10 DISCOUNT WILL BE APPLIED IF REGISTERED AND PAID FOR ONE WEEK IN ADVANCE. **DISCOUNTED FEES APPLY TO THESE WEEKS; HOWEVER \$30 DISCOUNT FOR ADDITIONAL CHILD (ren) CANNOT BE USED ON THESE WEEKS.				

Payment Schedule

Week of:	Due Date for Early Registration Fee
June 22- June 26	June 15 th
June 29 -July 3	June 22 nd
July 6 - July 10	June 29 th
July 13 - July 17	July 6 th
July 20 - July 24	July 13 th
July 27 - July 31	July 20 th
August 3 - August 7	July 27 th
August 10 - August 14	August 3 rd
August 17 - August 21	August 10 th
August 24 - August 28	August 17 th
August 31 - September 2	August 24 th

If a check is returned NSF, a \$40.00 charge will be added to your program fee total, and cash, money order, or credit card will be the only acceptable payment.

If your credit card is declined for automatic payment, a \$40.00 charge will be added to your program fee total, and cash, and money order, will be the only acceptable payment.

TRANSFER POLICY

You may transfer your child/children from one week to another, but transfers need to be made by 6:00pm on the Monday PRIOR to the week from which you are transferring.

All transfers must be requested in writing.

SCHEDULED PAYMENTS

Payment is required prior to services rendered. As a public entity we are prohibited from “gifting” services. For your convenience, the option to schedule payments is available by credit or debit card. At this time we do not have the ability to debit entries from a checking account.

If you prefer your card be charged automatically, complete a payment authorization form indicating the camp weeks you authorize for payment. The form is on Page 28.

SICK CHILD PROCEDURES

We cannot accept children for Camp when they are ill. Staff will observe each child upon daily arrival. If your child is experiencing any of the symptoms listed below, we will ask that other arrangements be made for his/her care.

- Vomiting on 2 or more occasions within the past 24 hours
- Too tired or sick to participate in daily activities
- Fever of 101°F or higher
- Draining Rashes
- Eye Discharge or Pink Eye
- Diarrhea
- Lice or Nits*

*If your child had lice or nits, he/she must be free of lice and nits to be able to return to camp.

If your child develops these symptoms after drop-off, parents will be contacted, and asked to come pick-up their child promptly. We will separate your child from other children until you can pick them up. If the parent/guardian cannot be reached, emergency contacts will be called. If no party can be reached and symptoms persist, the child’s physician will be notified and his/her directions will be followed.

We will report communicable diseases to the local health department. We will also notify other parents in camp, so that they can take appropriate action to protect their children.

Ill staff members will also be sent home.

SPECIAL NEEDS

Staff members are encouraging, patient, and helpful in paving a pathway for children with mild to moderate disabilities to succeed at camp. We are not equipped or staffed to work with children who need significant assistance with personal care, constant one-on-one support, or have great difficulty in managing their behavior in a group setting.

If your child has a significant health issue or a special need, please contact Rick Scott, Recreation Coordinator, to discuss appropriate accommodations.

MEDICAL EMERGENCIES

The Participant Information Form includes a medical release, giving us permission to seek medical attention for your child in case of an emergency. Please update this form as necessary with any changes in home, work or medical phone numbers. In the case of life threatening emergencies, a member of our staff will immediately call 911, administer First Aid and CPR, and notify you as quickly as possible. If you cannot be reached, your designated emergency contact will be notified. If transportation to the hospital is needed, a staff member will accompany your child on the ambulance and will stay with him/her until you arrive.

For minor emergencies and injuries, all of our staff is trained in First Aid and CPR, and we will administer aid as needed. A staff member will then contact you to come and care for your child if additional care is needed.

For minor injuries that do not require us to notify you immediately, a verbal or written report will be given to you that day when you pick up your child, explaining what happened and how the situation was treated. Accident reports are completed for our records and recorded in our medical log.

MEDICATION MANAGEMENT

If it is necessary for your child to take medications while he/she is in our care, please give the medication directly to a staff member when you sign-in your child. Written parental consent is required for us to administer any medication, and you will be asked to complete a form when you hand over the medication. Medications are stored in a locked box out of the reach of children. We maintain a record of administration in the locked box on a medication log. Your child's Camp Leader or designee will be responsible to administer medication per a doctor's instructions.

All prescription medication must be in its original container properly labeled with your child's full name, date prescription was filled/or medication's expiration date, and legible instructions for administration such as manufacturer's instructions or prescription label. Please only send one week's worth of medication to Camp.

The following non-prescription medications require written parental consent and can be given only at the dosage, duration, and method of administration specified on the manufacturer's label for the age and/or weight of your child

- Antihistamines
- Non aspirin fever reducers/pain relievers
- Decongestants or non-narcotic cough suppressant
- Anti-itching ointments or lotions, intended specifically to relieve itching or dry skin
- Sunscreen **see sunscreen policy, page 13
- Medicated lip balm
- Mouthwash

A physician's written authorization is required for any non-prescription medication that is:

- Not included in the above list
- To be taken differently than indicated on the manufacturer's label
- Lacks labeled instructions

We cannot give aspirin except with a written authorization from a physician. Any unused medication will be returned to you or properly disposed of.

SUNSCREEN POLICY

During our outside activities and on field trips, children may spend hours in the sun. In order to minimize the effects of prolonged sun exposure, we encourage parents to do one or more of the following:

- provide your child with a long sleeve cotton shirt to wear in the sun,
- provide a T-shirt to wear over his or her swimming suit,
- encourage your child to wear a hat to protect the face,
- educate your child regarding protecting his or her skin, as well as the early signs of enough sun,
- purchase and use the early warning sun patches, and
- appropriately apply and use sunscreen.

Sunscreen is considered an over-the-counter medication by the Washington State Department of Health. Therefore, written authorization from parents is required for application, as indicated on the Participant Information form with your initials. The City of Des Moines Parks, Recreation and Senior Services Department is not responsible for children receiving sunburns or experiencing an allergic reaction to sunscreen.

Please send your child with sunscreen, clearly labeled with their name, each day if you would like them to wear it. Camp Leaders will remind campers to put on sunscreen twice daily or based on specific activities. Campers are required to put on their own sunscreen. We recommend that you send your child with the “no tears” kind and we strongly encourage you apply a coat of sunscreen on your child BEFORE they arrive at camp each day.

PEANUT AND NUT ALLERGIES

To help create a safe environment for children with life-threatening nut allergies, you may be asked to refrain from sending your child with food containing peanut butter or other nuts and/or other foods manufactured in a plant that processes nuts.

CHILD SAFETY

As a partner in your child’s success, we are committed to providing a safe environment for all participants and staff. We work hard to create an environment that is both physically and emotionally safe for children. If at any time throughout the summer you are concerned about the physical or emotional health of your child, please do not hesitate to speak to a staff member or call Rick Scott, Recreation Coordinator.

Camp staff will report immediately to Child Protective Services (CPS Intake) or police any instance when there is reason to suspect the occurrence of physical, sexual, or emotional abuse, child neglect or exploitation. We may NOT notify parents if this occurs except upon the recommendation of Child Protective Services or the police.

INSURANCE

It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all activities offered or sponsored by the City of Des Moines Parks and Recreation Department. The City of Des Moines does not provide any accident or health coverage for its participants.

INCLEMENT WEATHER

Camp will be held rain or shine. If it is raining, activities will be moved indoors, using designated classrooms, covered picnic shelters, or gym areas based on availability. If we encounter extreme heat, we will keep activities inside or in the shade whenever possible, play lots of water games, and keep kids drinking water. In either case, the day will go ahead as planned.

CODE OF CONDUCT

We are committed to providing a positive atmosphere that is safe and inclusive to all in our community. Therefore, a camper expectations and a code of conduct has been adopted to govern the actions and behaviors of campers participating in camps.

Camper's Expectations:

- I will be courteous and respectful to the Camp KHAOS/K2 Staff, visitors, and other youth.
- I will respect myself and the property of others.
- I will leave rocks, sticks, or anything else that is dangerous on the ground.
- I will be a good listener, will always use an inside voice indoors, and appropriate language at all times.
- I will not join in name calling, swearing, or non-cooperation.
- I will always be in designated, supervised areas and stay with Camp KHAOS/K2 Staff at all times.
- I understand that Camp KHAOS/K2 has a ZERO TOLERANCE POLICY for fighting, verbal abuse, physical abuse or "play fighting" at anytime.
- I will follow these rules on all field trips and outings.

The following will NOT be tolerated at City of Des Moines facilities or in programs:

- Abusive, harassing, and/or obscene language or gestures
- Threats of harm, physical aggression, or violent acts
- Weapons of any kind
- Smoking
- Damaging or defacing property
- Possession, sale, use, or being under the influence of alcohol or illegal drugs
- Offensive or unlawful conduct.

Individuals who experience or observe inappropriate conduct are encouraged to promptly report their concern to staff. Every effort will be made to ensure that reports are investigated and resolved promptly and effectively.

NO TOLERANCE POLICY

We want to make sure that all children have a positive atmosphere that is safe and inclusive. We are asking for your support in maintaining a fun, safe place, where children can achieve their potential. Please talk with your children about the importance of not exhibiting the behaviors described below. Ideally, we want to work with families to **prevent** these behaviors from occurring.

- Abusive, harassing, and/or obscene language or gestures
- Threats of harm, physical aggression, violent acts, or bullying
- Weapons of any kind
- Damaging or defacing property
- Offensive or unlawful conduct
- Purposely leaving the area of supervision without permission
- Improper exposure

Failure to follow this code of conduct will result in disciplinary action which may include a one to three day suspension. A conference will be scheduled to develop a behavior contract in order for your child to remain in camp. It may become necessary for the benefit of the child, as well as for the safety of the other children, to remove a child from our camp.

BEHAVIOR MANAGEMENT

The City of Des Moines Parks and Recreation camp programs strive to meet the needs of all children by setting behavior expectations, guidelines and boundaries appropriate to each stage of development. If problems arise, we will use the following sequential procedures. It is possible to go from step 1 to 6 based on one incident:

1. The child will be encouraged to use his/her words to try to solve the situation peacefully.
2. The child will be redirected to a new activity.
3. The child will be removed from the situation for think time/or to fill out a behavior form until he/she is able to rejoin the group. The child completes the behavior form to help them remember problem solving skills.
4. Conduct Report* and parents are alerted and encouraged to share ideas.
5. 3 Conduct Reports* during one week (Monday-Friday) will result in a non-refundable suspension from the program for the remainder of the week. Parent & Staff conference will be held with recommendation for an immediate behavior contract or short-term suspension from Camp.
6. 6 Conduct Reports in a 30 day period will result in a conference with parents, Camp Director and/or Recreation Coordinator to discuss the participant's continuation or dismissal from the program.

As a partner in your child's success, we encourage you to share information with us that may affect your child's behavior in Camp. We are committed to working with you in the best interest of your child and the rest of the children in our care. We do not use or endorse any form of corporal punishment by anyone (including parents). We do not condone biting, jerking, shaking, spanking, slapping, hitting, kicking or any other means of inflicting physical pain.

Because there are such a wide variety of behaviors that children display, the City of Des Moines Parks and Recreation Department reserves the right to make the decision to suspend or expel a child based on the physical or emotional safety of the child, other children in the program and the staff. In such a situation parents may be called to come immediately to pick-up their child, or the child may be separated from the group for the remainder of the day.

***Conduct Reports**

Conduct reports will be filled out by camp staff in the event of a behavioral problem on the part of a child. These write-ups include a description of the behavior infraction and discipline actions taken. Write-ups will be given to parents when they pick up their child and require parents to discuss the infraction with their child and make comments on the form. The child will also write their plan for improvement. Forms are in triplicate and copies will be filed with the parent, camp staff, and Parks and Recreation Office. Completed forms must be returned when the child is dropped off at camp the following day, or when allowed back in the program, whichever occurs first. **Campers will not be allowed to attend camp until this completed conduct report form is returned.**

***Suspensions and expulsions are non-refundable.**

CITY OF DES MOINES PARKS AND RECREATION – POLICIES FOR SUMMER CAMP

YOUR COPY I acknowledge that I received the 2015 Summer Program Handbook containing policies and procedures
Initials relates to the Camp K.H.A.O.S. and K2 summer camp programs. Furthermore, I understand the policies and if I have questions I will ask staff for clarification.

YOUR COPY I have read and understand the Payment, Credit and Refund Policy, Page 10 of the Summer Programs
Initials Handbook.

- Program payments must be paid **in full** to reserve your spot.
- Payment is required prior to services rendered.
- No refunds or pro-ratio is available for summer camp payments.
- If a check is returned NSF, a \$40.00 charge will be added to your program fee total, and cash, money order, or credit card will be the only acceptable payment.
- If your credit card is declined for automatic payment, a \$40.00 charge will be added to your program fee total, and cash, and money order, will be the only acceptable payment.

YOUR COPY I have read and understand the Sunscreen Policy, Page 13 of the Summer Programs Handbook.
Initials

YOUR COPY I have read and understand the Peanut and Nut Policy, Page 13 of the Summer Programs Handbook.
Initials

- To help create a safe environment for children with life-threatening nut allergies, you may be asked to refrain from sending your child with food containing peanut butter or other nuts and/or other foods manufactured in a plant that processes nuts.

YOUR COPY My child and I have read and discussed the Code of Conduct and No Tolerance Policy, Page 14 of the
Initials Summer Programs Handbook. Furthermore, we agree to abide by these policies and understand that if not followed the Behavior Management Plan will be implemented, as written on page 15 of the Summer Programs Handbook, which can result in suspension or expulsion from camp.

YOUR COPY I have read and understand the Booster Seat policy as written on Page 9 of the Summer Programs
Initials Handbook. If my child is under the age of 8 or less than 4'9' in height, I will provide a booster seat (labeled with the child's name) on designated days.

YOUR COPY I have read and understand the Sign In/Out Policy, Page 7 of the Summer Programs Handbook and
Initials understand that I must complete a form to allow my child to sign themselves in and out of camp only if in K2 AND my account paid in full.

K2 Participants (ages 12-15):

YOUR COPY My child and I have read and discussed the K2 Field Trip Policy, Page 9 of the Summer Programs
Initials Handbook.

I have read and initialed the above information and I fully understand all policies of the Summer Programs Handbook. My child understands the Code of Conduct and No Tolerance Policy as indicated by their signature below.

Participant's Full Name: _____

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CITY OF DES MOINES PARKS AND RECREATION – POLICIES FOR SUMMER CAMP

Initials I acknowledge that I received the 2015 Summer Program Handbook containing policies and procedures relates to the Camp K.H.A.O.S. and K2 summer camp programs. Furthermore, I understand the policies and if I have questions I will ask staff for clarification.

Initials I have read and understand the Payment, Credit and Refund Policy, Page 10 of the Summer Programs Handbook.

- Program payments must be paid **in full** to reserve your spot.
- Payment is required prior to services rendered.
- No refunds or pro-rata is available for summer camp payments.
- If a check is returned NSF, a \$40.00 charge will be added to your program fee total, and cash, money order, or credit card will be the only acceptable payment.
- If your credit card is declined for automatic payment, a \$40.00 charge will be added to your program fee total, and cash, and money order, will be the only acceptable payment.

Initials I have read and understand the Sunscreen Policy, Page 13 of the Summer Programs Handbook.

Initials I have read and understand the Peanut and Nut Policy, Page 13 of the Summer Programs Handbook.

- To help create a safe environment for children with life-threatening nut allergies, you may be asked to refrain from sending your child with food containing peanut butter or other nuts and/or other foods manufactured in a plant that processes nuts.

Initials My child and I have read and discussed the Code of Conduct and No Tolerance Policy, Page 14 of the Summer Programs Handbook. Furthermore, we agree to abide by these policies and understand that if not followed the Behavior Management Plan will be implemented, as written on page 15 of the Summer Programs Handbook, which can result in suspension or expulsion from camp.

Initials I have read and understand the Booster Seat policy as written on Page 9 of the Summer Programs Handbook. If my child is under the age of 8 or less than 4'9" in height, I will provide a booster seat (labeled with the child's name) on designated days.

Initials I have read and understand the Sign In/Out Policy, Page 7 of the Summer Programs Handbook and understand that I must complete a form to allow my child to sign themselves in and out of camp only if in K2 AND my account paid in full.

K2 Participants (ages 12-15):

Initials My child and I have read and discussed the K2 Field Trip Policy, Page 9 of the Summer Programs Handbook.

I have read and initialed the above information and I fully understand all policies of the Summer Programs Handbook. My child understands the Code of Conduct and No Tolerance Policy as indicated by their signature below.

Participant's Full Name: _____

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



2015 CAMP KHAOS

PARTICIPANT INFORMATION AND AUTHORIZATION FORM

This information is considered confidential and is used only to help staff meet the needs of your child. **Please fill out all sections completely and sign and initial where indicated.** Additional information may be required, including, but not limited to medical treatment, medication administration instructions and authorization, and special field trip permission. If there are any changes in the information on this form, please contact staff immediately to update.

PARTICIPANT AND PARENT INFORMATION

***IF GUARDIANS ARE SEPARATED, SEPARATE INFORMATION FORMS MUST BE COMPLETED.**

Child's Name (First & Last)		Age	Birth Date	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address		City	Zip	School	Grade
Parent/Guardian Name (First & Last)				Signature	
Day Phone	Cell Phone	Evening Phone		Email	
Address (if different than above)		City	Zip		

GENERAL AUTHORIZATIONS AND INFORMATION

My child has permission to participate in field trips including, but not limited to, visits to a local library or park, neighborhood walk, or other field trip, by means of walking, public bus, Dept. vehicle, or yellow bus. ☐ YES ☐ NO Initial Here

My child has permission to participate in swimming and other water activities, including swimming pools, beaches, fountains, and boating facilities. ☐ YES ☐ NO Initial Here

Swimming Ability: ☐ Non Swimmer ☐ Beginner ☐ Intermediate ☐ Advanced
Does your child require a PFD (personal floatation device) while swimming? ☐ YES ☐ NO Initial Here

My child may be photographed (stills and video) for the City of Des Moines, its Department of Parks, Recreation & Senior Services, or Legacy Foundation publications. ☐ YES ☐ NO Initial Here

My child may apply sunscreen _____ times during the day. **I will provide sunscreen.** ☐ YES ☐ NO Initial Here

I understand that the City of Des Moines Parks and Recreation Dept. will not be responsible for children receiving sunburns or allergic reactions to sunscreen. Initial Here

My child has the following behavioral issues of which staff should be aware: _____

I handle these behaviors in the following way(s): _____

EMERGENCY CONTACTS

The Parent/Guardian named above will be contacted first in case of emergency (after 911). Please list non-registering parents, guardians, and other you would like us to contact if we cannot reach you.

1) Contact Name (First & Last)		Email	
Relationship	Day Phone	Cell Phone	Evening Phone
Address		City	Zip
2) Contact Name (First & Last)		Email	
Relationship	Day Phone	Cell Phone	Evening Phone
Address		City	Zip

PICK-UP AUTHORIZATION AND INFORMATION (MINIMUM AGE 14)

Please list all individuals who are authorized to pick up your child. If an individual is not listed, your child will not be released. We will not accept voice authorization for pick-up.

Name	Relationship	Day Phone	Evening Phone

ADDITIONAL SPACE FOR AUTHORIZED PICK UP ON NEXT PAGE**MEDICAL HISTORY AND AUTHORIZATION FORM**

Please **CHECK** all of the following that apply. You may be asked to complete an additional form to provide more information about your child so that we can provide the most positive experience possible. Efforts will be made to provide reasonable accommodation in accordance with the Americans with Disabilities Act.

My child experiences the following:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> ADHD | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> History of Seizures | <input type="checkbox"/> Allergic to _____ |
| <input type="checkbox"/> Behavior Disorder | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Asthma | <input type="checkbox"/> Down syndrome |
| | | | <input type="checkbox"/> Other _____ |

Currently Taking Medication at: ☐ Home ☐ School ☐ Program

Unless you have religious objections, we cannot allow your child to participate without the following authorizations. If you have religious objections, please submit a written statement of those objections. A Medical Treatment Authorization form signed by a physician is required for any medication taken or administered while in a City of Des Moines program.

Child's Name (First & Last)	Age	Child's Height	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Physician Name (First & Last)	Phone			
Address	City		Zip	
Medical Insurance Company	Policy Number			
Preferred Hospital for Treatment	Dentist (First & Last)		Phone	

I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to the above-named minor when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above-named minor person to the hospital. I understand that the City of Des Moines, its Department of Parks, Recreation & Senior Services, and their officers, employees, and volunteers assume no financial obligation or liability in the case of my child's accident or illness. **I assume full financial responsibility for emergency treatment for my child.**

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

EVENT(S): All programs and activities offered by or through Des Moines Parks, Recreation & Senior Services including but not limited to recreation activities and classes, before/after school program, summer camps, preschool, teen programs, special events, field trips, sports, and athletics.

IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S), I agree: I know the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). The Minor and I will inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact to ensure it is safe to our satisfaction. I have spoken with the Minor about the dangers of the activities and the fact that the Minor could—for a variety of known, unknown, foreseeable and unforeseeable reasons, **including negligence** of the City of Des Moines, its employees and volunteers, officers and agents—be seriously injured. In extreme cases, such injuries could include permanent disability, paralysis or even death ("risks"). Even understanding these risks I consent to the Minor's participation in the Event(s) and assert that the Minor is willing to participate in the event.

I accept and assume all risks, and assume all responsibility for the losses, costs and/or damages following an injury related to the Event(s), including disability, paralysis or death, even if caused in whole or in part by the negligence of the following releasees: the City of Des Moines, its employees and volunteers, officers and agents. **My acceptance of these risks includes releasing and agreeing not to sue the releasees. I also agree to indemnify and save and hold harmless the releasees and each of them from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur due to a claim made against any of the releasees identified above based on an injury to the Minor, whether the claim is based on the negligence of the releasees or otherwise and whether the claim is made by me, is made on behalf of the minor, or is otherwise made.**

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

ADDITIONAL AUTHORIZED PICK-UP CONTACTS

PICK-UP AUTHORIZATION AND INFORMATION (MINIMUM AGE 14)

Please list all individuals who are authorized to pick up your child. If an individual is not listed, your child will not be released. We will not accept voice authorization for pick-up.

Name	Relationship	Day Phone	Evening Phone

Des Moines Parks and Recreation Department

Camp KHAOS

K2 Sign In/Out Permission Slip

Name of Child: _____

Name of Parent / Guardian: _____

I authorize the above named child to sign him/herself

(Circle all that apply)

IN

to K2 every day.

OUT

of K2 every day.

Comments: _____

_____ *Children must be at least 12 years old to sign themselves in or out.

Initials

_____ **Account must be paid in full for child to be allowed to sign in and out.

Initials

Parent Signature: _____ Date: _____

Des Moines Parks and Recreation Department

Camp KHAOS 2015

Payment Policy Agreement

PAYMENT REQUIREMENTS:

_____ Payment for weekly participation in the Camp KHAOS Program must be paid at least
Initials one week prior to the week of participation.

_____ Payment for daily participation in the Camp KHAOS Program must be paid at least 48
Initials hours prior to participation, or child (ren) will not be allowed to participate in the program.

PAYMENT TYPES:

_____ Payments are accepted by cash or check in person at the Des Moines Field House
Initials Recreation Office between the hours of 8:00 a.m. and 6:00 pm

_____ **If a check is returned NSF, a \$40.00 charge will be added to your program fee total,
Initials and cash, money order, or credit card will be the only acceptable payment.

_____ Payments are accepted by credit card or debit card in person or over the phone at the
Initials Des Moines Field House Recreation Office between the hours of 8:00 a.m. and 6:00 pm.

_____ Automatic Payments can be made with a credit card by completing, signing, and
Initials returning the "Automatic Payment Form" to the Recreation Office. Your credit card information will be kept on file and we will automatically charge your credit card for your program fee on the Monday prior to the week of use. If the Monday falls on a holiday, your credit card will be charged on the next business day.

_____ **If a credit card is declined, a \$40.00 charge will be added to your program fee total,
Initials and cash, and money order, will be the only acceptable payment.

Scholarships are available for qualifying families on a case by case basis. Please allow up to ten business days for processing. Please contact the Recreation Office for more information at (206) 870-6527.

Note - The \$30 discount for each additional child cannot be combined with awarded scholarships

Person Responsible for Account

Name (First & Last)			Relationship to Child
Drivers License Number:			Date of Birth:
Day Phone	Cell Phone	Evening Phone	Employer:
Address		City	Zip

By signing below I acknowledge that I have read, understand, and agree to comply with the aforementioned policies.

Child (ren)'s Name(s)

X _____
Parent/Guardian Signature

Date

Des Moines Parks and Recreation Department

Camp KHAOS 2015

AUTOMATIC PAYMENT FORM

I, _____ authorize the City of Des Moines Parks & Recreation Department
(Payee Name)
to charge my _____ card to pay for my child (ren)
(VISA or MC)

Name(s)

2015 Camp KHAOS Fees

Please initial next to the appropriate program(s) you would like charged to your credit card. For daily registration you will need to call or stop by the Recreation office to provide dates 48 hours prior to use.

Camp KHAOS Program/Per Child

Price listed below reflects the \$10 Discount for registering and paying one week advance. (Week 11 reflects a \$6 discount)

_____ Pre-Camp (June 17 th -June 19 th)	\$ 89/R \$ 92/NR ~ Charged on June 8th
_____ Wk 1 (June 22 nd -June 26 th)	\$148/R \$153/NR ~ Charged on June 15th
_____ Wk 2 (June 29 th -July 3 rd)	\$148/R \$153/NR ~ Charged on June 22nd
_____ Wk 3 (July 6 th -July 10 th)	\$148/R \$153/NR ~ Charged on June 29th
_____ Wk 4 (July 13 th -July 17 th)	\$148/R \$153/NR ~ Charged on July 6th
_____ Wk 5 (July 20 th -July 24 th)	\$148/R \$153/NR ~ Charged on July 13th
_____ Wk 6 (July 27 th -July 31 st)	\$148/R \$153/NR ~ Charged on July 20th
_____ Wk 7 (August 3 rd -August 7 th)	\$148/R \$153/NR ~ Charged on July 27th
_____ Wk 8 (August 10 th -August 14 th)	\$148/R \$153/NR ~ Charged on August 3rd
_____ Wk 9 (August 17 th -August 21 st)	\$148/R \$153/NR ~ Charged on August 10th
_____ Wk 10 (August 24 th -August 28 th)	\$148/R \$153/NR ~ Charged on August 17th
_____ Wk 11 (August 31 st -Sept 2 nd)	\$ 89/R \$ 92/NR ~ Charged on August 24th

Camp K2 Program/Per Child

Price listed below reflects the \$10 Discount for registering and paying one week advance. (Week 11 reflects a \$6 discount)

_____ Pre-Camp (June 17 th -June 19 th)	\$ 99/R \$102/NR ~ Charged on June 8th
_____ Wk 1 (June 22 nd -June 26 th)	\$164/R \$169/NR ~ Charged on June 15th
_____ Wk 2 (June 29 th -July 3 rd)	\$164/R \$169/NR ~ Charged on June 22nd
_____ Wk 3 (July 6 th -July 10 th)	\$164/R \$169/NR ~ Charged on June 29th
_____ Wk 4 (July 13 th -July 17 th)	\$164/R \$169/NR ~ Charged on July 6th
_____ Wk 5 (July 20 th -July 24 th)	\$164/R \$169/NR ~ Charged on July 13th
_____ Wk 6 (July 27 th -July 31 st)	\$164/R \$169/NR ~ Charged on July 20th
_____ Wk 7 (August 3 rd -August 7 th)	\$164/R \$169/NR ~ Charged on July 27th
_____ Wk 8 (August 10 th -August 14 th)	\$164/R \$169/NR ~ Charged on August 3rd
_____ Wk 9 (August 17 th -August 21 st)	\$164/R \$169/NR ~ Charged on August 10th
_____ Wk 10 (August 24 th -August 28 th)	\$164/R \$169/NR ~ Charged on August 17th
_____ Wk 11 (August 31 st -Sept 2 nd)	\$ 99/R \$102/NR ~ Charged on August 24th

Name on Card: _____

Credit Card Number: _____ Expiration Date: _____

CVN Number: _____

Payee's Signature

Date

Release of Liability and Indemnification Agreement/Assumption of Risk

In consideration of being permitted by The Tag Zone to participate in its activities and to use its equipment and facilities, I hereby agree to release, indemnify and discharge The Tag Zone , its agents , owners, partners, employees, volunteers, manufacturers , participants, lessors, affiliates, its subsidiaries , related and affiliated entities, successors and assigns (the “released parties”), on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in The Tag Zone games entail known and unknown risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

Furthermore, The Tag Zone, staff and employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant’s fitness or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction. There is also risk that The Tag Zone employees may be negligent in, among other things, monitoring and supervising use of its equipment and facilities and in the maintenance and repair of its equipment and facilities.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to defend, indemnify and hold harmless released parties from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of The Tag Zone equipment or facilities, including any such claims which allege negligent acts or omissions of released parties.

4. Should The Tag Zone or anyone acting on their behalf, be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage that I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition that I may have.

6. In the event that I file a lawsuit against the Tag Zone, I agree to do so solely in the state of Washington and I further agree that the substantive law of Washington shall apply in that action without regard to the conflict of the law rules of the state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

7. I agree as an adult participant, or the Parent/Legal Guardian of a minor participant, in consideration of being permitted to participate at The Tag Zone, grant The Tag Zone, related and affiliated entities, partners, employees, agents, successors and assigns, the irrevocable right and permission to photograph and/or recording for all purposes, including advertising and promotional purposes, in any manner in any and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of the photographed/or recording, and acknowledge and agree that the

rights granted to this release are without compensation of any kind. All Photographs and/or Recordings are exclusive to The Tag Zone.

8. I agree that if the participant is a minor, this release of Liability and Assumption of Risk Agreement is made on behalf of that minor participant and that all of the releases, waivers and promises herein are binding on that minor participant. I represent that I have full authority as Parent or Legal Guardian to bind the minor participant to this agreement.

9. I agree that if the participant is a minor, I further agree to defend, indemnify and hold harmless The Tag Zone from any and all claims or suits from personal injury, property damage or otherwise which are brought by, or on behalf of the minor, and which are in any way connected with such use or participation by the minor, including injuries or damages caused by the negligence of released parties, except injuries or damages caused by the sole negligence or willful misconduct of the party seeking indemnity.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my participation in this activity, I may be found by a court of law to have waived my or the minor participant's right to maintain a lawsuit against The Tag Zone or any released parties on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print name of participant _____

Birth Date _____

Print name of parent or guardian _____

Phone # In case of emergency _____

Address _____

City _____ State _____ Zip _____

Email address _____

____ (emails are kept confidential & are used for newsletters)

Signature (parent or guardian if participant is under 18)

_____ Today's

Date _____

TRAMPOLINE NATION

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK, COVENANT NOT TO SUE AND HOLD HARMLESS AGREEMENT

What you are about to read and are requested to sign is a waiver and release of liability. Upon signing it, you will give up your right to sue Trampoline Nation Seattle Operations, LLC ("TN"), Trampoline Nation, LLC, or anyone associated with TN such as its agents, owners, shareholders, directors, partners, employees, volunteers, manufacturers, participants, lessors, affiliates, its subsidiaries, related and affiliated entities, successors and assigns (the "Released Parties") for injuries or losses you suffer while using TN facilities. In short, you cannot recover any money from the TN or the Released Parties if you are hurt while participating in activities at the all TN facilities, including but not limited to those located at 35025 Enchanted Parkway S., Federal Way, WA 98003.

Please take your time and read this agreement very carefully. When you are certain that you understand and agree to each paragraph, sign your initials in the space provided.

"YOU" AND "I," AS USED HEREIN, INCLUDES THE PARTICIPANT AS WELL AS HIS OR HER HEIRS, EXECUTORS, DEPENDENTS, BENEFICIARIES AND ASSIGNS, INCLUDING BUT NOT LIMITED TO SPOUSES AND DOMESTIC PARTNERS. BY SIGNING THIS AGREEMENT, YOU ARE SIGNING ON BEHALF OF THE ABOVE-LISTED PERSONS AND YOUR SIGNATURE SHALL BE CONSIDERED BINDING UPON THEM.

YOU WILL NOT BE ALLOWED TO PARTICIPATE IN ANY ACTIVITIES AT TRAMPOLINE NATION WITHOUT THE SIGNED WAIVER.

I UNDERSTAND THAT SIGNING THIS DOCUMENT WILL PREVENT ME, MY HEIRS, EXECUTORS, DEPENDENTS, BENEFICIARIES, AND ASSIGNS FROM SUING TN, ITS OFFICERS, DIRECTORS, MEMBERS, EMPLOYEES, AGENTS OR GUESTS FOR ANY INJURIES, INCLUDING DEATH AND PARALYSIS, OR DAMAGES THAT I MIGHT RECEIVE WHILE PARTICIPATING IN ANY ACTIVITIES AT TN.

Participant Details				
Write above the shaded boxes. TN will not share or sell this information.				
<i>First Name</i>	<i>Last Name</i>	<i>Phone</i>	<i>Birthdate</i>	<i>Email Address</i>
				YES or NO
<i>Street Address</i>		<i>City, State</i>	<i>Zip</i>	<i>Want to receive email?</i>
<i>Emergency Contact Name</i>		<i>Relation</i>	<i>Emergency Contact Phone</i>	

1. Trampoline use, gymnastics, and physical fitness training activities are dangerous and I ASSUME ALL RISKS, whether known or unknown, of injury, including death, illness or damage to my property.

I understand that there is a significant risk of serious physical injury, death and other damages inherent in trampoline use, gymnastics, and physical fitness training activities and in my use of TN facilities and instruction relating to these activities. These risks and hazards can include, but are not limited to, injuries arising from falling and striking objects or other people, including but not limited to paralysis resulting from striking objects; being struck by falling objects or people; failure of any part or all of the trampoline structures, flooring systems, building or training and fitness apparatus; defective, worn, uneven or separated trampoline equipment, flooring, or pads; failing to land on a trampoline bed or pad or landing on an unpadded structure, including falling between the springs of the trampoline bed; failure and/or breakage of trampolines or other equipment; strained or sprained muscles, joints and connective tissue; broken bones; personal injury including paralysis, death, illness, property damage, and other losses. Injury or death can arise from errors in judgment, from lack of training or information, from the negligence of me, employees or agents of TN or other parties, as well as the risks normally associated with athletic endeavors. There is no way to eliminate the risk of serious harm or death. I understand that my use of TN facilities and any instruction or knowledge I obtain at those facilities IS NOT sufficient to prepare me for all dangers and

risks associated with trampoline use. **I CERTIFY THAT I UNDERSTAND TRAMPOLINE USE, GYMANSTICS, AND PHYSICAL FITNESS TRAINING ACTIVITIES, EXPOSE ME TO A HIGH RISK OF INJURY OR ACCIDENT. I KNOWINGLY AND VOLUNTARILY ASSUME ALL RISKS, WHETHER KNOWN OR UNKNOWN, OF PARALYSIS, INJURY, ILLNESS, DEATH OR DAMAGE OF WHATEVER KIND ARISING OUT OF MY PARTICIPATING IN ANY SUCH ACTIVITY AT TN FACILITIES OR SPONSORED BY TN.**

Initial by participant if age 8 or over _____

Initial by parent or legal guardian if participant is a minor. _____

(Both lines must be initialed if the participant is a minor.)

2. Release of liability, WAIVER OF CLAIMS, ASSUMPTION OF RISK and hold harmless agreement is given in consideration for my participation.

I recognize that TN could not offer this activity without obtaining a release of liability. In consideration of, and part payment for the right to use TN's facilities, **I RELEASE TN AND ANYONE ASSOCIATED WITH TN, INCLUDING WITHOUT LIMITATION ITS OFFICERS, DIRECTORS, STAFF, INSTRUCTORS, MEMBERS, AGENTS, GUESTS AND THIRD PARTIES AS WELL AS THE RELEASED PARTIES ENUMERATED ELSEWHERE IN THIS DOCUMENT, FROM ALL LIABILITY, AND KNOWINGLY, INTENTIONALLY AND VOLUNTARILY WAIVE ALL CLAIMS, DEMANDS OR CAUSES OF ACTION OF ANY KIND WHATSOEVER, INCLUDING BUT NOT LIMITED TO CLAIMS OF NEGLIGENCE, WHICH MAY ARISE AS A RESULT OF MY PARTICIPATION IN A TN-SPONSORED ACTIVITY OR FROM USE OF TN FACILITIES OR EQUIPMENT.**

Initial by participant if age 8 or over _____

Initial by parent or legal guardian if participant is a minor. _____

(Both lines must be initialed if the participant is a minor.)

3. Covenant not to sue is given in consideration for my participation and use of TN facilities.

Additionally, in consideration of and part payment for my right to participate in TN-sponsored activities and use TN facilities, **I WILL NOT SUE TN OR ANYONE ASSOCIATED WITH TN, INCLUDING WITHOUT LIMITATION ITS OFFICERS, DIRECTORS, EMPLOYEES, INSTRUCTORS, MEMBERS, AGENTS AND GUESTS, AS WELL AS THE RELEASED PARTIES ENUMERATED ELSEWHERE IN THIS DOCUMENT, FOR ANY INJURIES, ILLNESS, DEATH, DAMAGES OR OTHER RELIEF THAT I MAY CLAIM THAT ARISE OUT OF MY PARTICIPATION IN A TN-SPONSORED ACTIVITY OR FROM USE OF TN FACILITIES OR EQUIPMENT.**

4. I will protect TN from liability.

I AGREE TO DEFEND, PROTECT, INDEMNIFY, AND HOLD HARMLESS TN, ITS OFFICERS, DIRECTORS, MEMBERS, INSTRUCTORS, EMPLOYEES, AGENTS AND GUESTS, AS WELL AS THE RELEASED PARTIES ENUMERATED ELSEWHERE IN THIS DOCUMENT, FROM AND AGAINST ANY AND ALL CLAIMS, SUITS, ACTIONS AT LAW OR IN EQUITY (INCLUDING BUT NOT LIMITED TO CLAIMS OF NEGLIGENCE), FOR DAMAGES OR OTHER RELIEF AND AGAINST ANY LIABILITY OF ANY NATURE, TOGETHER WITH ATTORNEYS' FEES AND COSTS INCURRED, THAT MAY ARISE OUT OF MY USE OF TN PROPERTY OR FACILITIES. I agree to pay TN's reasonable attorneys' fees and costs if I bring a suit for injuries suffered at a TN facility or through TN-related activities and that action is unsuccessful, in whole or in part.

Initial by participant if age 8 or over _____

Initial by parent or legal guardian if participant is a minor. _____

(Both lines must be initialed if the participant is a minor.)

5. I agree to abide by all TN rules INCLUDING THE PATRON CODE OF CONDUCT, ATTACHED HERETO AND INCORPORATED AS ATTACHMENT A.

I agree to abide by all TN rules contained in written form as well as verbal directions that may be given by TN staff or employees. I certify that I have read and agree to comply with my duties outlined in Attachment A.

6. I am physically qualified to participate.

I certify that I have no physical limitations or medical conditions that would impair my ability to fully and safely use TN facilities. I agree to inform TN of any conditions that may have any effect on my ability to fully and safely use TN facilities, so that a determination can be made as to the proper course of action.

7. Photo and media release.

By entering TN, I hereby grant TN on behalf of myself, and on behalf of my child(ren)/ward(s), the irrevocable right and permission to photograph and/or record me or my child(ren)/ward(s) in connection with TN and to use the photograph and/or recording for all purposes, including advertising and promotional purposes, in any manner and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use

of the photograph and/or recording, and acknowledge and agree that the rights granted to this release are without compensation of any kind.

8. Other provisions.

This agreement constitutes the complete and sole agreement between me and TN, its officers, directors, instructors, employees, agents, members and guests and all others associated with TN. Evidence of any other agreements, whether oral or in writing, are void and inadmissible and unenforceable in a court of law, arbitration or other dispute resolution proceeding. **INDIVIDUAL OFFICERS, DIRECTORS, TN MEMBERS, INSTRUCTORS, EMPLOYEES AND AGENTS HAVE NO AUTHORITY OR POWER TO ALTER THE TERMS OF THIS AGREEMENT, EITHER ORALLY OR IN WRITING.** This agreement covers my use of TN facilities as well as my participation in all TN activities and all associated events.

9. Venue and Jurisdiction

THE LAWS OF THE STATE OF WASHINGTON SHALL GOVERN THIS AGREEMENT. VENUE FOR ANY ACTION SHALL BE KING COUNTY, WASHINGTON.

10. Severability.

If for any reason a provision of this Agreement is found to be unenforceable, the offending provision may be amended to the extent necessary to conform to applicable law, or, if it cannot be so amended without materially altering the intention of the Parties, it shall be severed herefrom. In either event, the remainder of the Agreement shall continue in full force and effect.

I AM FULLY AWARE OF THE CONTENTS OF THIS AGREEMENT AND RELEASE, AND HAVE READ AND UNDERSTAND ALL OF THE TERMS. THE TERMS OF THIS AGREEMENT BIND ME, MY FAMILY (INCLUDING BUT NOT LIMITED TO SPOUSES AND DOMESTIC PARTNERS), HEIRS, EXECUTORS, ADMINISTRATORS, DEPENDENTS, BENEFICIARIES AND ASSIGNS. I recognize that if I have any questions regarding my waiver of rights, I should consult an attorney.

Printed Name of Participant	Participant Signature	Date
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Printed Name of Parent or Legal Guardian	Signature of Parent or Legal Guardian	Date
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ADDITIONAL CONDITION TO BE SIGNED IF THE PARTICIPANT IS A MINOR

I represent that I am the parent or legal guardian of the above individual and hereby consent to their use of TN's facility and/or participation in TN's activities. In consideration of TN allowing the above-named participant to participate and/or use the facility, I agree to be bound by the terms and conditions of this Release. On behalf of myself and my spouse or domestic partner, I hereby KNOWINGLY, INTENTIONALLY AND VOLUNTARILY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge TN, its officers, directors, instructors, employees, agents, members and guests and all others associated with TN of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damage and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I, my spouse or domestic partner or said minor ever had or may have, arising from or in any way related to such minor's participation in activities in connection with TN. I further agree that I have full and sole responsibility for the safety and wellbeing of the above-named participant while he or she is using TN facilities or participating in TN-related events. I represent that I have sufficient insurance coverage to pay for any injuries suffered by the above-named participant and further represent that I have the ability and willingness to care for the above-named participant in the event he or she is injured or disabled.

I further agree to indemnify, hold harmless and defend TN, its officers, directors, instructors, employees, agents, members and guests and all others associated with TN from and against any claims (including but not limited to negligence), loss, damage, liability, expense, costs, and/or attorneys' fees, including those brought by or on behalf of, or otherwise caused by the above-named participant.

Printed Name of Parent or Legal Guardian	Signature of Parent or Legal Guardian	Date
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ATTACHMENT A
TO **TRAMPOLINE NATION**

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK,
COVENANT NOT TO SUE AND HOLD HARMLESS AGREEMENT

PATRON CODE OF CONDUCT

I understand there are inherent risks in the participation in or on any trampoline court. I understand I have a duty to exercise good judgment and act in a responsible manner while using the trampoline court and to obey all oral or written warnings, or both, prior to or during participation, or both.

I understand I have a duty to not participate in or on any trampoline court when under the influence of drugs or alcohol.

I understand I have a duty to properly use all trampoline court safety equipment provided.

I understand I have a duty to not participate in or on any trampoline court if I have preexisting medical conditions, circulatory conditions, heart or lung conditions, recent surgeries, back or neck conditions, high blood pressure, any history of spine, musculoskeletal or head injury, or may be pregnant.

I understand I have a duty to remove inappropriate attire, including hard, sharp, or dangerous objects (such as buckles, pens, purses, badges, and so forth).

I understand I have a duty to avoid bodily contact with other patrons.

I understand I have a duty to conform with or meet height, weight, or age restrictions imposed by the manufacturer or owner to use or participate in the trampoline court activity.

I understand I have a duty to avoid crowding or overloading individual sections of the trampoline court and to refrain from “double-bouncing” other patrons.

I understand I have a duty to use the trampoline court within my own limitations, training and acquired skills.

I understand I have a duty to avoid landing on my head or neck. Serious injury, paralysis, or death, can occur.

Initial by participant if age 8 or over _____

Initial by parent or legal guardian if participant is a minor. _____

(Both lines must be initialed if the participant is a minor.)